

Texas WHCoA Solutions Forum July 29, 2005

Date:	July 29, 2005, Time: 9:30 am – 12:30 pm
Location:	Texas State Capitol Building, Austin, TX
Theme:	"Aging Well in America"
Sponsor:	Texas Silver-Haired Legislature
Contact Person:	Ms. Chris Kyker, Speaker, TSHL & WHCoA delegate ckyker@aol.com
Webcast:	Provided by Senate Media with direct link from TSHL Website: www.txshl.org
WHCoA Representatives: Alejandro Aparicio, M.D. and Rudy Arredondo, Ed.D	
Representing the Texas Legislature: Senator Jane Nelson	
Attending:	Approximately 150

The Texas Silver-Haired Legislature sponsored the Texas WHCoA Solutions Forum, July 29, 2005. The event was held in the Texas State Capitol, Extension Auditorium. More than 150 attended. The Texas WHCoA Delegation had an Orientation meeting following the Forum. Thirty delegates attended. The TSHL Web page provided a direct link to the Webcast of the Forum, made available by the Texas Senate Media and the United Way of Texas.

The purpose of the Forum was to present solutions of aging policy issues for consideration by WHCoA Policy Committee in developing resolutions on *Healthy Living and Community Supports for Aging Well in America* and to provide information for the Texas WHCOA delegation.

"Aging Well in America" was the theme for the four panels on 1) Healthy Living – Life Style, 2) Health Promotion - Programs and Services, 3) Our Community Infrastructure and 4) Our Community Services and Supports. Statements from each of the fifteen (15) panelists are available on WHCoA Website. One of the panelists, Dr. Lee Burch, suggested our search is for "Gerontopia." The road to Gerontopia may be full of potholes, but we believe NOW is the time to take that road and Move along! A summary of the solutions and recommendations made by each of the panels follows:

Panel #1 Healthy Living – Life Style

1. "Aging Well." **Karl Urban**, Manager, Policy Analysis and Support in the Center for Policy and Innovation, Department of Aging and Disability Services.

Preparing for an aging society is the responsibility of individuals, communities and states. Preparing for an aging society requires integrating multiple disciplines including: research and analysis, planning, technical assistance and training, public information, and marketing. Preparing for an aging society requires adoption of the rhetoric and model by the aging

network in planning and local advocacy efforts. Every state and community can and should implement something like "Aging Texas Well."

2. "Physical Fitness for Long Term Living." **Paul Carrozza**, Co-Chair, Governor's Advisory Council on Physical Fitness; Member, President's Council on Physical Fitness

Eighty percent of Americans are not physically active. To remain physical fit for a lifetime, we should establish a "Born to Run" program.

Born to Run is an individual choice. It is a simple concept that includes four principles:

- Find an event you would like to do to get into shape: running, walking, swimming, dancing, bicycling, etc. Prepare 2 or 3 months before the event. Find a coach to guide your preparation.
- Find a buddy or group to work out with. Buddy helps you to stay on schedule
- Get the proper equipment to avoid injury: shoes, head gear, etc
- Pick a goal and day to get into shape. Start slow and work up to 30 minutes per day.

Good nutrition, with Born to Run principles, is essential to prevention and wellness. The choice is personal and individual.

3. "Healthy Long Term Living through Avoidance of Risk for Chronic Conditions."
Eduardo J. Sanchez, M.D., M.P.H., Commissioner Texas Department State Health Services

Everything we can do to encourage and support our seniors' efforts to stay connected with others, be physically active, and eat healthy foods will pay great dividends in terms of reducing the risk of chronic diseases and enhancing quality of life. Poor health is not the inevitable consequence of aging. Every senior American who is disconnected to others, physically inactive, and eating an unhealthy diet is probably already suffering from at least one chronic disease and on a trajectory of rapidly declining health. And every senior American who is connected, physically active and eating a healthy diet is probably looking and feeling marvelous. This, quite simply, is the way to health.

Panel #2 Health Promotion- Programs and Services

1. "Health Promotion Activities for Long Term Living." **Carmel Bitondo Dyer, M.D.**, Associate Professor, Baylor College of Medicine, Houston, Texas and Director, Harris Hospital District Geriatrics Program & WHCoA delegate

We should all insist that medical schools and other health professional schools make geriatrics a part of the education of every graduate. Those physicians in training programs that deal with older patients extensively, such as internal medicine or orthopedics, should have the amount of training commensurate with the percentage of older persons they will be treating. We want the type of care outlined by the American Geriatrics Society for all older patients and we will want it for ourselves, when the time comes and we ourselves are seniors.

Two of the very important issues facing older Americans are the need for health care professionals who possess the necessary attributes to provide quality care and the risk of becoming a victim of elder mistreatment. Both require our advocacy to provide the requisite training to the health care workforce and to fund the research and demonstration projects that focus on the needs of seniors.

2. "Solutions and Resources Related to Mental Health and Long Term Living."
Steven Shon, M.D., Medical Director of Behavioral & Community Health Services, Texas Department of Health Services.

We envision a future when Aging Americans with a mental illness will have easy access to services and best practices that would lead to recovery, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected and treated early by the older American's primary care provider - a future when these older Americans can live, work, learn, and participate fully in their community without stigma.

The President's New Freedom Commission on Mental Health's goals and recommendations and the recently released: "Transforming Mental Health Care in America - The Federal Action Agenda: First Steps" provides the framework for addressing the special considerations of Aging Americans. We feel strongly that this action agenda, collaboratively supported by 20 Federal agencies, is the vehicle for transforming the mental health system that takes into consideration the social, biological, developmental, and special needs of older Americans. Three issues are recommended: 1) Improving Access and Continuity, 2) Improving Quality and 3) Developing a Trained Workforce and Caregiver Capacity.

3. "Use of Telehealth as a Solution for Healthy and Long Term Living in Rural Communities." **Glen Provost, JD, MPH**, Director, Aging Law & Policy Program; Chief, Planning and Project Development, Texas Tech University Health Sciences Center and Adjunct Professor of Elderly Law & WHCoA delegate

The exciting advances in technology, particularly telecommunications technology, make electronic house calls not something that might become possible sometime in the distant future. It is possible today.

The technology that brought us the internet and the ability to communicate face to face over great distances can also bring back house calls. Electronic house calls can provide live, real time visits with physicians and other health professionals into the home or into nursing homes and assisted living facilities, community health clinics, and senior centers. Being able to see and talk to a physician or nurse and for them to be able see and talk to us through our television or home computer in real time is a very exciting prospect that could have untold benefits in terms of improved access, prevention, and health education.

Policy makers, health policy analysts, academic experts, health care providers, aging advocates and others should, as a national priority, exam the potential of telecommunications technology for making health care services more accessible to older persons.

4. "Geriatrics and Gerontology Education: A Solution for Quality Care" **Michele Saunders, DMD, MS, MPH**, Director, South Texas Geriatric Education Center at the University of Texas Health Science Center, San Antonio

Solutions to the shortage of geriatrics-trained health professionals begin with asking now that the House-Senate Conference Committee accede to the Senate's proposed funding level for Title VII.

Additional solutions were proposed in [A National Agenda for Geriatric Education: White Papers](#) and [A National Agenda for Geriatric Education: Forum Report](#). Both publications are the outcomes of a national forum on geriatric education hosted by the Bureau of Health Professions of HRSA. Specific recommendations are made for 1) cross-cutting issues such as increased training in managed care, long-term care, case management, ethnogeriatrics, interdisciplinary care of the elderly, and improved recruitment and retention of students from underserved or minority backgrounds; 2) increased discipline-specific geriatrics training for all levels of students in allied and associated health professions, dentistry, medicine, nursing, public health and social work; and 3) increased geriatrics education content required by health professions accreditation and licensure boards.

Panel #3 Our Community Infrastructure

1. "Universal Design: Ensuring Safety and Convenience in New Construction and Home Modifications." **Lee Burch, PhD, AIA**, Vice President, Community College Practice Leader, 3D/I, Houston, Lecturer on Senior Housing at Harvard University

The Principles of Universal Design and related guidelines were developed by a working group of architects, product designers, engineers, and environmental design researchers as part of a project coordinated by the Center for Universal Design at North Carolina State University. The seven Principles that describe characteristics that make designs universally usable are: 1) Equitable Use: Make the design appealing to all users; 2) Flexibility in Use: Provide adaptability to the user's pace; 3) Simple and Intuitive Use: Provide effective prompting and feedback during and after task completion;

4) Perceptible Information: Provide compatibility with a variety of techniques or devices used by people with sensory limitations; 5) Tolerance for Error: Discourage unconscious action in tasks that require vigilance; 6) Low Physical Effort: Minimize sustained physical effort; 7) Size and Space for Approach and Use: Provide adequate space for the use of assistive devices or personal assistance.

The solutions we look for lie in dissemination of information. Our leaders can assist through the encouragement of and proactive involvement in supporting research efforts such as the Center for Universal Design at North Carolina State University. You can support the development of building codes that are inclusive of the principles of Universal Design. And you can support a national policy that promotes consistency in the design and development of work, living and playing environments. Where is our "gerontopia"?

3. "Meeting the Mobility Needs of an Aging Population." **Beth Stalvey, MPH, PhD**, Gerontologist and Public Policy Director, Texas Council for Developmental Disabilities

- Utilize screening and assessment tools that have been scientifically tested and empirically linked to negative outcomes such as traffic violations and crashes.
- Promote the use of evidence-based education and rehabilitation services for at-risk individuals.
- Insurance companies—in both automobile and health care industries—should reimburse the cost of driving assessment, education, and rehabilitation services for older adults, as well as other persons with disabilities.
- Create policies which support transportation as an Instrumental Activity of Daily Living (IADL).
- Develop an alternative transportation system that truly matches the mobility needs of older drivers. Activity similar to President's New Freedom Commission that focused on issues such as mental health should gather leaders in the field, study the evidence and practices we have to date, and take a comprehensive look across the system to formulate policies needed to improve efficiencies while remaining responsive to the diverse and changing population.

3. "Work Incentives/Disincentives for Aging Boomers and Their Employers"
Tom Oliver, CPA, Member, Agency Council, Texas Department of Aging and Disability Services, and WHCoA delegate

Employers will need to: understand the benefits of hiring, training and retaining older workers; realize that nontraditional employment, independent contractors, on-call workers, and

outsourced employees and use of compressed work weeks, job sharing, flex-time and telecommuting will help tap into the older workforce. Design benefit plans that encourage continued employment of older workers. Create supportive environments that foster positive attitudes towards and implements policies to assist family caregivers. Yes, a major change is on the move. It is now time for aging boomers and employers to prepare for and embrace the change.

4. "Motivating Seniors in Civic Engagement." **Betty Streckfuss, RN**, Secretary, TSHL Finance Committee and WHCoA delegate

"Five components for leveraging the interests, abilities and capacities of older adults have been identified as: Expectations, Information, Incentives, Access and Facilitation." We need a national campaign to inform the public of the many volunteer projects where help is needed. Would be volunteers, but also those in need of help, must hear more about the services available. We need a spokesperson to give that message. Accessibility to civic engagement is as important as marketing the programs. Many companies allow paid time off for employees who participate in community projects. Recognition of such companies by our federal government in tax breaks or other benefits could encourage many more participants in such projects. Trained and experienced medical retirees are perfect recruits for Homeland Security endeavors. Such retirees are in contact with many other similarly experience seniors willing to develop an emergency staff pool. Reward and appreciation of both volunteers and paid staff help retain willing workers and bridges relationships between two important groups in all effort of civic engagement.

Panel #4 Our Community Services and Supports

1. "Step 1: Assess Community Readiness and Capacity for Supporting Aging Well and Long Term Living." **Karen Johnson**, President/CEO, United Ways of Texas and WHCOA delegate

Complete community assessments using the Aging Texas Well guidelines. Work with your local Area Agency on Aging. Work with your local United Ways and others, who are already completing assessments. If you are a small community without this support, take the lead and use the state's resources on the web.

2. "Statewide initiatives to help communities address the rapid aging of America, increased longevity and diversity of older individuals." **Carol Zernial**, Chair, National Institute on Community Based Long Term Care and WHCoA delegate

We must establish a new title within the reauthorization of the Older Americans Act to authorize State Units on Aging, Area Agencies on Aging and Title VI Native Americans Agencies to proactively prepare for the aging of the population. . . . We need to establish a National Resource Center on Aging in Place to provide the necessary guidance, training and technical assistance to the Aging Network. These programs can be evaluated and allowed to sunset after ten years, when that window of opportunity is closed.

Communities for a Lifetime is an important concept that should be reflected in policies that grow out of the 2005 White House Conference on Aging. We are seeing the first generations to experience long life in great numbers, but there will be many more afterwards. Changes in infrastructure and policy that assist older persons and persons with disabilities ultimately help all persons in the community.

Efforts that are proactive, promote chronic disease management and preventive approaches to health care must be supported by policies under Medicaid and Medicare. CMS must look at the Aging Network as their partner in accessing and controlling health care. Funding should be added to Title III-D of the Older Americans Act to pilot more community-based efforts to promote disease prevention services at the grassroots level.

Policies that pit Medicare against Medicaid, states against the federal government, community providers against institutions, and fail to take into consideration the preferences of consumers perpetuate the current system of care that is fragmented and difficult to access where persons want to live. New policies need to be developed that organize acute and long-term care financing and service delivery into an easily accessible repertoire of services and providers that can provide cost-effective care with continuity that is sensitive to the diverse needs of the consumer.

Systems that integrate services, eliminate confusion, and provide vital information will grow in importance as the demand for services increases along with the sophistication of the consumer. CMS and the Administration on Aging should permanently authorize Aging and Disability Resource Centers within every planning and service area in the nation. Because Area Agencies on Aging often already serve as the information and referral provider or 211 providers in their local communities, they should have the right of first refusal to be designated as the Aging and Disability Resource Center within their service area.

3. "Strengthening Support for Family Caregivers as a Solution"

Charlene Hunter-James, Director, Harris County Area Agency on Aging & WHCoA delegate

As we move forward in strengthening support for family caregivers and their expressed needs, we must give greater attention to identifying the different types of caregivers and their different types of issues and needs. Spousal caregivers, grandparents, adult children, working, long distance, and caregivers of persons with mental retardation may each have different caregiving needs. Thus we must build supportive systems, which actually are directed at different caregivers during their different times in their caregiving journey. We must adequately assess what are the needs of caregivers themselves, which will promote their own ability to age well, as well as being of value in their provision of support to the care recipient(s). Solutions include: Caregiver assessment tools/instruments, Community resource assessments, Caregiver information, education and training, respite and health promotion programs and services, and Service delivery systems

As efforts continue to move forward towards developing integrated community based services to support family caregiving, we must analyze the available support from public and private funding sectors, as well as maximize the use of established volunteer programs, which support caregivers in their respective communities, among which includes many faith-based care teams, youth based volunteer programs and well known programs such as the Senior Companion Program.

4. "Creating Maximum Independence for Individuals Needing Long term Services and Support,"
Commissioner Jim Hine, Department of Aging and Disability Services and WHCoA delegate.

The values and guiding principles on which this type of long-term services and supports system must be based include:

- Respect for choice within a system of care in which individuals will be treated with dignity, allowed the maximum possible control over their services, and is responsive to assisting them in achieving their desired outcomes

- Support of and recognition of the need for continued use of the natural support system of the family, informal caregivers, volunteers, and others in the community.
- Emphasis on prevention and wellness, with an encouragement for Americans to plan financially for their future needs.
- Maximization of public, private, and individual resources.
- Increased availability of home and community based services.
- A comprehensive and functionally designed array of services that is developed so as to meet the needs of individuals as they age.
- "Front door" to easy and timely access to services.

Recommendations:

- Develop models of self-determination by working towards the individual directing their plans of care: including all models of self-determination from employer of record, individual budgeting, to fiscal intermediaries.
- Develop continuum of care with funding streams with sufficient flexibility to meet the individual's needs and desires. This requires the ability to blend funds, services, and supports within functional designs, and allow money to follow the person in order to assist them in accessibility and availability of services;
- Utilize community services as part of state plans and entitlements, rather than waiving off of institutional care; therefore lessening the funding bias towards institutional care.
- Create relationship with the housing industry and offer vouchers for seniors who can't afford it.
- Improve transportation as recommended by Dr. Stalvey. (Panel #3 – Our Community Infrastructure)
- Services are not enough, but quality of service. The consumer should be the one to measure quality of services.

Following the Solutions Forum, 30 members of the Texas Delegation met for a brief orientation and get acquainted session. Next meeting of the Texas Delegation was set for November 9, 2005.

Submitted on behalf of the Texas Silver-Haired Legislature

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